Α	MAIL CERTIFIED COPIES TO: (Type or Print)	В
Nar	me	
	dress	
City		
Pho	one number	
	FICTITIOUS BUSINES	S NAME STATEMENT
	***** Transactio n Business Date	
		IS (ARE) DOING BUSINESS AS:
1.*	Fictitious Business Name (Type or Print)	
2.	Street Address, City & State of Principal place of Business in California	Zip
**		
	Full Name of Registrant (Type or Print)	Full Name of Registrant (Type or Print)
3.	Residence Address	Residence Address
	City State Zip	City State Zip
	(If corporation , show state of incorporation)	(If corporation , show state of incorporation)
	Full Name of Registrant (Type or Print)	Full Name of Registrant (Type or Print)
	Residence Address	Residence Address
	City State Zip	City State Zip
	(If corporation , show state of incorporation)	(If corporation , show state of incorporation)
4.	This business is conducte d by (CHEC K ONE ONLY) () an individual () a corporation ***	"I declare that all information in this statement is true and correct. (A registrant who declares as true information which he or she knows is false is quilty of a crime.)"
****	() individuals (Husband & Wife) () a business trust	is laise is guilty of a criffie.)
	() a general partnership () Co-partners () an unincorporated association other than a partnership	Signed
	() limited liability company () Joint venture	Type or Print
	() A limited partnership () Other - please specify If Registrant is a corporation, corporate officer, sign below	
5.B	Corporate Name	Signature & Title
***	Type or Print Officer's Name & Title	
	"I declare that all information in this statement is true and correct. (A registrant who declares as true	÷ ,
	This statemen t was filed with the County Clerk of San L	uis Obisp o Count y on dat e indicate d by file stamp above. CERTIFICATION
		I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE JULIE L. RODEWALD
		COUNTY CLERK RECORDER
		By Deputy Clerk
		Expires on
NOT	IOC. THIS FIGURE NAME STATEMENT EVOIDES FOR VEADS FROM THE SATE IT	File No
NOT	ICE. THIS FIGHTHOUS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT	WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME

STATEMENT MUST BE FILED BEFORE THAT TIME. THE FILING OF THE STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14400 ET SEQ. BUSINESS AND PROFESSIONS CODE).

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A	MAIL CERTIFIED COPIES TO: (Type or Print)	В
Nai Add	medress	
City		
Pho	one number	
	FICTITIOUS BUSINES	S NAME STATEMENT
	***** Transactio n Business Date	
	THE FOLLOWING PERSON(S)	IS (ARE) DOING BUSINESS AS:
1.*	Fictitious Business Name (Type or Print)	
2. **	Street Address, City & State of Principal place of Business in California	Zip
	Full Name of Registrant (Type or Print)	Full Name of Registrant (Type or Print)
3.	Residence Address	Residence Address
	City State Zip	City State Zip
	(If corporation , show state of incorporation)	(If corporation , show state of incorporation)
	Full Name of Registrant (Type or Print)	Full Name of Registrant (Type or Print)
	Residence Address	Residence Address
	City State Zip	City State Zip
	(If corporation , show state of incorporation)	(If corporation , show state of incorporation)
4. ****	This business is conducte d by (CHEC K ONE ONLY) () an individual () a corporation *** () individuals (Husband & Wife) () a business trust () a general partnership () Co-partners () an unincorporated association other than a partnership () limited liability company () Joint venture () a limited partnership () Other - please specify	5.A "I declare that all information in this statement is true and correct. (A registrant who declares as true information which he or she knows is false is guilty of a crime.)" Signed Type or Print
5.B ***	If Registrant is a corporation, corporate officer, sign below Corporate Name Type or Print Officer's Name & Title	Signature & Title
	"I declare that all information in this statement is true and correct. (A registrant who declares as	true information which he or she knows is false is guilty of a crime.)"
	ing statemen twas filed with the County Clerk of San Li	uis Obispo Count y on date indicate d by file stamp above. CERTIFICATION
		I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE JULIE L. RODEWALD COUNTY CLERK RECORDER
		By Deputy Clerk
		Expires onFile No
		WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME OES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS
3		COMMON LAW (SEE SECTION 14400 ET SEQ. BUSINESS AND PROFESSIONS CODE).

No: _____ Pub. 4 T, ____

Α	MAIL CERTIFIED COPIES TO: (Type or Print)	В
Nar	ne	
	lress	
City		
Pho	ne number	
	FICTITIOUS BUSINES	SS NAME STATEMENT
	***** Transactio n Business Date	
	THE FOLLOWING PERSON(S)) IS (ARE) DOING BUSINESS AS:
1.*	Fictitious Business Nam e (Type or Print)	
2.	Street Address , City & State of Principa I place of Business in California	Zip
**		
	Full Name of Registrant (Type or Print)	Full Name of Registrant (Type or Print)
3.	Residence Address	Residence Address

	City State Zip	City State Zip
	(If corporation , show state of incorporation)	(If corporation , show state of incorporation)
	(ii corporation, show state of incorporation)	(ii corporation, show state of incorporation)
	Full Name of Registrant (Type or Print)	Full Name of Registrant (Type or Print)
	Residence Address	Residence Address
	City State Zip	City State Zip
	(Many and the state of in any and in a	(If covered to the co
	(If corporation , show state of incorporation)	(If corporation , show state of incorporation)
4.	This business is conducte d by (CHECK ONE ONLY) () a n individual () a corporatio n ***	"I declare that all information in this statement is true and correct. (A registrant who declares as true information which he or she knows
****	() an individual () a corporation () a formula () a corporation () a business trust	is false is guilty of a crime.)"
	() a general partnership () Co-partners	Signed
	() an unincorporate d associatio n other than a partnership () limited liability company () Joint venture	Tune or Drine
	() a limited partnership () Other - pleas e specify	Type or Print
5.B	If Registrant is a corporation, corporate officer, sign below Corporate Name	Signature & Title
***	Type or Print Officer's Name & Title —	Signature & Title
	"I declare that all information in this statement is true and correct. (A registrant who declares as tr	rue information which he or she knows is false is guilty of a crime.)"
	This statemen t was filed with the County Clerk of San I	Luis Obispo County on date indicate d by file stamp above.
		CERTIFICATION I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY
		OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE
		JULIE L. RODEWALD COUNTY CLERK RECORDER
		By Deputy Clerk
		Expires on
		File No
NOTI	CE: THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT	T WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME

STATEMENT MUST BE FILED BEFORE THAT TIME. THE FILING OF THE STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14400 ET SEQ. BUSINESS AND PROFESSIONS CODE).

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No.	Pub 4 T.	
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A	MAIL CERTIFIED COPIES TO: (Type or Print)	В		
Nar	me			
	dress			
City				
Pho	one number			
	FICTITIOUS BUSINES	S NAME STATEM	IENT	
	***** Transaction Business Date			
	THE FOLLOWING PERSON(S)	IS (ARE) DOING	BUSINESS AS:	
1.*	Fictitious Business Name (Type or Print)			
2. **	Street Address, City & State of Principa I plac e of Business in California		Zip	
	Full Name of Registrant (Type or Print)	Full Name of	Registrant (Type or Print)	
3. ***	Residence Address	Residence Addr	ress	
	City State Zip	City	State	Zip
	(If corporation , show state of incorporation)	(If corporatio	n , show state of incorporation)	
		- " 6-		
	Full Nam e of Registrant (Type or Print)	Full Name of Re	egistrant (Type or Print)	
	Residence Address	Residence Add	ress	
	City State Zip	City	State	Zip
	(If corporation , show state of incorporation)	(If corporation	on , show state of incorporation)	
4. ****	This business is conducted by (CHECK ONE ONLY) () a n individual () individuals (Husband & Wife) () a business trust		declare that all information in this statemer registrant who declares as true information is false is guilty of a crime.	which he or she knows
	() a genera I partnership () Co-partners () a n unincorporate d associatio n other than a partnership () limited liability company () Joint venture	Signed		
	() a limited partnership () Other - pleas e specify	Type or Print		
5.B	If Registrant is a corporation, corporate officer, sign below			
***	Corporate Name	Signature & Ti	itle	
	Type or Print Officer's Name & Title ————————————————————————————————————	e information which he or	she knows is false is guilty of a crime.)"	
	This statemen t was filed with the County Clerk of San L	uis Obisp o Count y		p above.
			CERTIFICATION CERTIFY THAT THIS COPY IS ORIGINAL STATEMENT ON F JULIE L. RODEWALI COUNTY CLERK RECORDE	ILE IN MY OFFICE D
		Ву	COUNTY CLERK RECORDS	
		Expires on		Deputy Clerk
		Explica OII	 File No	
NOT	ICE: THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT	WAS FILED IN THE OF		W FICTITIOUS BUSINESS NAME

NOTICE: THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAM STATEMENT MUST BE FILED BEFORE THAT TIME. THE FILING OF THE STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14400 ET SEQ. BUSINESS AND PROFESSIONS CODE).

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THE BELOW INSTRUCTIONS ARE NOT TO BE PUBLISHED (Sec. 17924 B & P)

INSTRUCTIONS FOR COMPLETION OF STATEMENT

Section 17913 Business and Professions Code

- (*) Where the asterisk (*) appears in the form, insert the fictitious business name or names. Only those businesses operated at the same address may be listed on one statement.
- (**) Where the two asterisks (**) appear in the form: If the registrant has a place of business in this state, insert the street address of his or her principal place of business in this state. If the registrant has no place of business in this state, insert the street address of his or her principal place of business outside the state.
- (***) Where the three asterisks (***) appear in the form: If the registrant is an individual, insert his or her full name and residence address. If the registrant is a partnership or other association of persons, insert the full name and residence address of each general partner. If the registrant is a limited liability company, insert the name of the limited liability company as set out in its articles of organization and the state of organization. If the registrant is a business trust, insert the full name and address of each trustee. If the registrant is a corporation, insert the name of the corporation as set out in its articles of its articles of incorporation and the state of incorporation.
- (****) Where the four asterisks (****) appear in the form, insert whichever of the following best describes the nature of the business: (i) "an individual," (ii) "a general partnership," (iii) "a limited partnership," (iv) "a limited liability company," (v) "an unincorporated association other than a partnership," (vi) "a corporation," (vii) "a business trust," (viii) "copartners," (ix) "husband and wife," (x) "joint venture," or (xi) "other-please specify."
- (*****) Where the five asterisks (*****) appear in form, insert the date on which the registrant first commenced to transact business under the fictitious business name or names listed, if already transacting business under the name or names. If the registrant has not yet commenced to transact business under the fictitious business name or names listed, insert the statement, "Not applicable."

NOTICE – THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEAR FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THAT TIME. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14400 ET SEQ., BUSINESS AND PROFESSIONS CODE).

EXPIRATION OF STATEMENT

- (a) Unless the statement expires earlier under subdivision (b) or (c), a fictitious business name statement expires in five years from the date it was filed in the office of the County Clerk.
- (b) Except as provided in Section 17923, a fictitious business name statement expires 40 days after any change in the facts set forth in the statement pursuant to Section 17913, except that a change in the residence address of an individual, general partner, or trustee does not cause the statement to expire.
- (c) A fictitious business name statement expires when the registrant files a statement of abandonment of the fictitious business name described in the statement.

NOTICE TO REGISTRANT

- (a) Your fictitious business name statement must be published in a newspaper once a week for four successive weeks and an affidavit of publication filed with the County Clerk within 30 days after publication has been accomplished. The statement should be published in a newspaper of general circulation in the county where the principal place of business is located. The statement should be published in such county in a newspaper that circulates in the area where the business is to be conducted. (Sec. 17917 B&B Code).
- (b) Pursuant to B&P Code 17917, the publishing of the Fictitious Business Name must commence within 30 days of filing the statement.
- (c) Any person who executes, files, or publishes any fictitious business name statement, knowing that such statement is false, in whole or in part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed five hundred dollars (\$500) (Sec. 17930 B&P Code).